

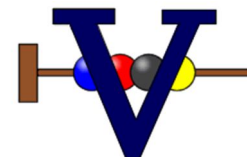
CROQUET VICTORIA



Child Safe Standards

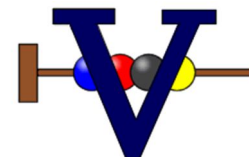
CONFIDENTIAL RECORD OF CHILD SAFE CONCERN

Complainant Name: (if other than Child)					
Age: "Adult" if over 18			Date Complaint Received: / /		
Croquet Club or Regional Association:					
Date notified:					
Anonymity?:	Does complainant/child wish to remain anonymous? (Circle) <div style="display: flex; justify-content: space-around;"> YES NO </div>				
CHILD'S DETAILS					
Full Name:	<i>(Use alias if child's identity needs to be protected)</i>				
Address:	<i>(If known and can be disclosed in line with protection requirements)</i>				
Date of Birth:		Gender Identity:		Age at time of alleged offence:	
Croquet Club or Regional Association:					
Parent/Guardian Name:					
Parent/Guardian Address:					
Parent/Guardian Telephone No.					
PERSON'S REASON FOR COMPLAINT/CONCERN (E.G. OBSERVATION, INJURY , DISCLOSURE)					
LOCATION OF ALLEGED INCIDENT(S):					
NAME OF PERSON COMPLAINED ABOUT					

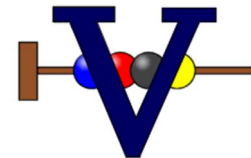


Full Name:					
Date of Birth:		Gender Identity:		Age at time of alleged offence:	
Croquet Club or Regional Association:					
Role/Status (in sport)	<input type="checkbox"/> Administrator (volunteer) <input type="checkbox"/> Athlete <input type="checkbox"/> Coach/Assistant Coach <input type="checkbox"/> Employee <input type="checkbox"/> Other		<input type="checkbox"/> Parent <input type="checkbox"/> Spectator <input type="checkbox"/> Support Personnel <input type="checkbox"/> Official		
ALLEGED BREACH(ES) OF CHILD SAFETY FRAMEWORK					
<p>[Detail sections of Framework that you believe that the behaviour/conduct/incident(s) may have breached, with particular reference to the Child Safe Code of Conduct.</p>					
OUTCOME THE COMPLAINANT IS SEEKING:					

WITNESSES (IF MORE THAN THREE (3) WITNESSES ATTACH DETAILS TO THIS FORM)	
Name (1):	
Contact details:	
Consent to provide details to others?:	YES / NO
Name (2):	
Contact details:	
Consent to provide details to others?:	YES / NO
Name (3):	
Contact details:	
Consent to provide details to others?:	YES / NO



Other notes?		
INTERIM ACTION (IF ANY) TAKEN (TO ENSURE CHILD'S SAFETY AND/OR TO SUPPORT NEEDS OF PERSON COMPLAINED ABOUT)		
POLICE CONTACTED	Who:	
	When:	
	Advice provided:	
GOVERNMENT AGENCY CONTACTED	Who:	
	When:	
	Advice provided:	
GOVERNMENT AGENCY CONTACTED (IF MORE THAN ONE (1))	Who:	
	When:	
	Advice provided:	
CROQUET PERSONNEL CONTACTED	Who:	
	When:	
POLICE AND/OR GOVERNMENT AGENCY INVESTIGATION: ADVICE AND/OR FINDING		

**OTHER REPORTING?**

(eg, Board, Croquet Australia or other croquet body etc)

INTERNAL INVESTIGATION (IF ANY): PROGRESS/FINDING**ACTION TAKEN**

COMPLETED BY:	Name:	
	Position in Organisation:	
	Signature:	Date:
SIGNED BY:	Complainant (if not a Child)	

This record and any notes must be kept in a confidential place and provided to the relevant authorities (Police and Government) should they require them. This record must be kept for a minimum of seven (7) years